

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ARIZONA GRASSROOTS ACTION PAC		FEC IDENTIFICATION NUMBER ▼ C C00558445																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
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Full Name of Payee Connect Strategic Communications LLC			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>08</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>04</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		08			D	D		04			Y	Y	Y	Y	Y	Y						
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Mailing Address PO Box 141251			Amount <table border="1" style="width:100%"> <tr><td>2772.74</td></tr> </table>			2772.74																							
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City Dallas	State TX	Zip Code 75214	Transaction ID : SE.4831																										
Purpose of Expenditure IE-Oppose Kelli Ward-Online Ads		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>08</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>04</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		08			D	D		04			Y	Y	Y	Y	Y	Y						
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Name of Federal Candidate KELLI WARD		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>2772.74</td></tr> </table>	2772.74	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶																									
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Full Name of Payee East Meridian Strategies LLC			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>02</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>23</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		02			D	D		23			Y	Y	Y	Y	Y	Y						
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Mailing Address 219 East Taylor Run Pkwy			Amount <table border="1" style="width:100%"> <tr><td>14029.51</td></tr> </table>			14029.51																							
14029.51																													
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4836																										
Purpose of Expenditure IE-McCain-Direct Mail		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>02</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>23</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		02			D	D		23			Y	Y	Y	Y	Y	Y						
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Name of Federal Candidate JOHN S MCCAIN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>22302.25</td></tr> </table>	22302.25	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶																									
22302.25																													

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td>16802.25</td></tr> </table>	16802.25
16802.25		
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td></td></tr> </table>	
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td></td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lisa Lisker

[Electronically Filed]

Date

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02		

D	D	
25		

Y	Y	Y	Y	Y	Y

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ARIZONA GRASSROOTS ACTION PAC		FEC IDENTIFICATION NUMBER ▼ C C00558445	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Outlaw Media		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2015	
Mailing Address 1000 Wilson Blvd., Ste. 2600		Amount 5500.00	
City Arlington	State VA	Zip Code 22209	Transaction ID : SE.4832
Purpose of Expenditure IE-Oppose Kelli Ward-Media Production		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2015
Name of Federal Candidate KELLI WARD		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 8272.74		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5500.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	22302.25

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lisa Lisker

[Electronically Filed]

Date

MM / DD / YYYY
02 / 25 / 2016

Signature